Print Hard Copy?

Documentation for EHS 50P Safety Training (Page 1 of 2)

_____ ___/___/___
Name of unit Date
(office name, shop/dep't name, research lab name, principal investigator's name, or course name and number as appropriate.)

Mark with an X when training is completed. Enter "NA" if not applicable in this laboratory.

With our signatures we affirm that appropriate instruction based upon the Laboratory Safety Manual, Part I, including demonstrations and supervised practice as needed, have been provided in the marked subjects for the safe occupancy of laboratories with no hazardous materials (no chemical or biological hazards with the possible exception of cryogenic materials and/or compressed gas cylinders): (Completed EHS 50 Exam to be in the files. This documentaton covers the supervised practice for EHS 50.)

__1. Location, availability, and details of the University of Kansas
___Laser Safety Plan (LSM Part I and V) ___Radiation Safety Plan (LSM Part I and IV

__2. Location, availability, and details of unit specific hazard communication information, such as; Safety Data Sheets, Equipment Manuals, etc.

__3. Restrictions and requirements for Authorized Occupants in the Lab.
__restricted areas , ___equipment not to be handled. ___safety precautions

__4. Maintaining required hazard signs/signals/warnings within the lab and at the entrance

__5. The physical and health hazards associated with the radiation sources in the lab.
___ lasers ____equipment producing ionizing radiation Note: no chemicals.
(permissible exposure limits, signs and symptoms associated with exposure)

__6. Methods and observations that may be used by personnel to detect the presence of radiations.

__7. Applicable work practices including good housekeeping and personal hygiene.

__8. The safety procedures involving physical hazards.
__glassware, __cold traps, and cryogenic materials, ___compressed gas cylinders
(The use of compressed gas cylinders and/or cryogenic materials may be used under EHS 51 if all safety procedures, including disposal, have been included in the training.

_____Initials of employee/student: _____Initials of supervisor

Documentation for EHS 50P Safety Training (Page 2 of 2)

_____ ___/___/___

Name of unit Date

__10. The use of applicable engineering controls and personal protective equipment for the hazardous materials being used including maintenance and storage.
___PPE[gloves, safety glass/goggles, lab coats, shields etc], ___safety showers, ___eye wash stations, ___radiation shielding or stops

__11. Emergency procedures for the locations at which work will be performed.

__12. KU-approved waste disposal of "sharps."

__13. Formal and informal safety inspections and/or any required bookkeeping

Additional laboratory-specific requirements as listed:

__14. Safety procedures for an authorized occupant of a lab with non-exempt lasers.

__15. Safety procedures for an authorized occupant of a lab with sources of ionizing radition.

__16._____

__17._____

__18._____

__19._____

Note: Provision for medical surveillance may need to be added

This training has been provided to those who signed the accompanying dated signature form.

_____ _____ _____

Name of Supervisor/Instructor Signature KU ID